lower extremities was tensely infiltrated, and from the heat of the bed to which he confined himself for a whole winter, and from using too full diet, effusion of blood occurred in the dermoid system, giving to the abdomen below the umbilicus, to the legs and thighs, a deep claret colour. It was a form of purpura. The very large dark red blotches appeared distinctly through the thick plantar cuticle. The whole appearance was most remarkable.

I commend, after much satisfactory experience, the digitalis mixture given above. To excite the absorbents and kidnies to remove serous collections, it has, in bad cases, at critical junctures, exceeded in effect all other means in my hands.

The capillary congestion was the result of increased action in and sanguineous determination to those vessels. The heat of the room, of the parts of the body under the bed clothes, the action of the heart, and the unsuitable diet, gave febrile aspect to the dropsy. Bleeding was serviceable. If my impressions be correct, dropsy is much less frequent then it was thirty years ago. It is so, probably, from the improved practice in those diseases that are prone to terminate in dropsy, particularly some forms of fever. It is, doubtless, somewhat owing to more correct views of the pathology of dropsy. Professor Rush did much to elucidate this subject practically, and hence the case of dropsy from increased vascular action is more readily recognised than when it was supposed "that debility caused dropsy."

The heat of the surface—the soreness of the integuments, the redness of the skin—the active pulse—the thirst—although there be dropsy, ought not to be set down to as theories. They point to bleeding, to the persevering, judicious use of appropriate cathartics, to the persuasive effects of the supertart. potass. My experience and success with bleeding and supertart. potass. in dropsy have been truly satisfactory.

ART. IX. *Case of Induration and Enlargement of the body of the Penis, with a new method of amputating that organ.* By THOMAS L. OGIER, M. D., of Charleston, S. C.

A negro man, (Abraham) aged 27 years, was sent from the country for an enlargement of the penis and difficulty of urinating. Upon examination of the parts, the penis was found to measure eight inches in length, and on its under side, from about three inches from the scrotum to the neck of the penis, the structure of the organ was changed so as to resemble cartilage, and so much enlarged as to throw the glans upwards until almost in contact with the dorsum of the penis, an inch above the neck. Upon the enlarged portion were two fistulous orifices, through which only a few drops of urine passed when the patient urinated, the greater portion of the water passing in a very small stream through the natural channel. The glans penis was of the natural size, and free from disease; its shape was somewhat altered from being turned upward by the pressure from beneath. A small silver catheter was passed into the urethra, but it was with the greatest difficulty that it could be made to pass through that portion of the urethra which was included in the enlargement of the penis—as the urethra was almost obliterated by the pressure of this enlarged part. After the catheter had passed beyond the enlargement, it met with no resistance, except from being so closely embraced by this portion, until it reached the bulb of the urethra—here was evidently a stricture, which, however, was overcome without much difficulty, and then the catheter entered easily into the bladder. It was introduced every day for eight days, and then passed with scarcely any difficulty.

Ten days from the commencement of the treatment, I introduced a larger catheter, and in order to heal the fistulous openings, allowed it to remain in the bladder. The ulcers, however, instead of healing, became gradually worse, and extended themselves *externally* over the surface of the enlarged portion of the penis, although their *internal* orifices remained the same for the urine, when the catheter was withdrawn, only came from them by drops.

In order to ascertain how deeply this alteration of structure of the lower part of the penis extended, I made a longitudinal incision into it, and deepened it gradually until I came to the urethra, a part of which was also involved in the disease—resembling very much in structure the cartilages of the ribs of a very young subject. Finding the disease so extensive, including nearly the whole structure of the penis, it was thought proper to amputate above the enlarged portion. But as amputation, by the ordinary method, would necessarily sacrifice the glans penis, which was apparently sound and retained its sensibility, we determined to cut through the penis above and below the diseased portion, take this out, and then apply the glans to the stump and endeavour to unite them. We confess that we scarcely expected the operation to succeed, or if it did, that the functions of the organ would be restored; but still the experiment was worthy of